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ANNULMENT OF MARRIAGE BECAUSE OF DISEASE.

NEW JERSEY COURT REFUSES TO ANNUL A MARRIAGE FOR FRAUD IN CONCEALING AN HEREDITARY TAINT OF INSANITY.

A marriage may, under some circumstances, be annulled by the courts because one party concealed from the other the fact that he or she was suffering from a communicable disease. The limitations of this legal principle are discussed in the opinion of the New Jersey Court of Chancery in Allen *v.* Allen (p. 733 of this issue of the Public Health Reports).

The wife sought an annulment of the marriage on the ground that the husband had concealed from her the fact that several members of his family had been insane, but the court decided that, in the absence of a statute, courts could not annul marriages for fraud in concealing disease except when the disease was of such a nature as to render contact seriously dangerous to the other party to the marriage.

DEATH RATES OF THE COLORED POPULATION.

THEIR TREND AND SIGNIFICANCE IN THE UNITED STATES.[1]

By JOHN W. TRASK, Assistant Surgeon General, United States Public Health Service.

By the colored population in the present instance is meant the negro population, although in the discussion which follows, rates published by the Bureau of the Census, including Negro, Chinese, Japanese, and Indian will be used. The Chinese, Japanese, and Indian factors have been practically eliminated, however, by using for comparison only population groups containing these elements to a relatively negligible extent.

According to the census of 1910, the total population of the United States (exclusive of outlying possessions) was over 91,000,000, and the negro population over 9,000,000. In many localities the negro population constitutes from 20 to 50 per cent of the total. In the study of local mortality rates, therefore, the death rates of the colored (negro) population merit separate attention. This is more particularly true of cities in which the colored population constitutes a considerable part.

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[1] Read before the Vital Statistics Section of the American Public Health Association, Rochester, N. Y., Sept. 20, 1915.

Effective registration of deaths has revealed, especially in those localities where the negro forms a relatively large element of the population, that the colored death rate is much higher than that of the white population. To one interested in the public health the questions which will arise in connection with this difference between the white and colored death rates are (1) the reason for the difference; (2) whether the cause is an essential one, inherent in one element of the population and not in the other; and, finally (3) whether the factors which produce the difference in the death rates can be removed and the colored death rate lowered until it approximates that of the white element of the population.

The Registration Area.

When, in communities in the United States registration area for deaths having a considerable negro population, the deaths of the negro population and of the white have been separately considered, it has usually been found that the colored death rates were higher than the white death rates. This has also been true of the registration area of the United States as a whole. In 1913 the death rate of the white component of the population of the registration area, as given by the Bureau of the Census, was 13.7 per 1,000 inhabitants, and the death rate of the colored population 21.9. If, however, a further division be made into urban and rural death rates, as classified by the Bureau of the Census, the white death rate in cities (having over 10,000 inhabitants in 1910) of the registration States was 14.6 and the colored 24.3, and the white death rate for the rural portion (including cities having less than 10,000 inhabitants) of the registration States was 12.5 and the colored 17.7. In each instance the colored death rate was considerably higher than that of the corresponding white population, the greatest difference between the rates being that between the white and colored urban populations, and the least difference that between the white and colored rural populations, of the registration States.

	Rates.	
	1913	1912
Registration area	14.1	13.9
White	13.7	13.5
Colored	21.9	22.9
Cities in registration States:		
White	14.6	14.4
Colored	24.3	23.7
Rural part registration States:		
White	12.5	12.3
Colored	17.7	17.7

The death rates for the white and colored populations approximating each other most closely were the rates of the urban white population and of the rural colored, the urban white in registration States being 14.6 and the rural colored 17.7.

While the possibility is borne in mind that the low rural colored death rate may be due to a less satisfactory registration of deaths in rural colored populations, it is assumed that the registration in registration States is satisfactory and that the figures given represent at least approximately the actual conditions.

The figures indicate that the death rates of both white and colored for the registration States as a whole are higher for the population living in cities of 10,000 inhabitants and over than for those living in small cities, towns, and strictly rural localities; and that while for the white population the difference in the death rate in 1913 was only 2.1 per 1,000 inhabitants, the difference for the colored was 6.6. Figures for the year 1912 differed but little from those for 1913.

Registration States.

It is of interest to examine the white and colored rates for smaller population groups. These rates for the individual registration States in which the population has but a relatively small component of Chinese, Japanese, and Indian show the same condition of higher colored death rates, the ratio of the white rates to the colored varying in the different States.

The colored death rates in certain States were exceedingly low, in some instances much lower than those of the white population. In Vermont, for instance, the death rate of the white population was 15.8 per 1,000 inhabitants in 1913 and of the colored 6.6. This rate, however, is readily accounted for by the age distribution of the negro population of the State, which consists very largely of young adults and contains relatively few children.

For the present purposes of comparison an effort has been made to eliminate the States having colored populations which, because of their age distribution or for other reasons, are not comparable. While the death rate of the colored population of the registration area as a whole in 1913 was 21.9, the rates in the States chosen for comparison varied from 24.2 in Ohio to 18.2 in Virginia.

Registration States.	1913		1912	
	White.	Colored.	White.	Colored.
Indiana	13.1	23.8	12.8	22.3
Kentucky	12.1	21.0	11.8	21.0
Maryland	14.4	24.0	14.0	22.4
Massachusetts	15.0	20.1	14.9	20.5
New Jersey	14.1	20.5	13.8	20.4
New York	14.9	21.7	14.8	23.2
Ohio	13.5	24.2	13.1	22.2
Pennsylvania	14.4	22.1	13.9	18.0
Virginia	11.8	18.2	....	....

Registration Cities.

In the cities having 10 per cent or over of colored population a still greater variation in the colored death rates is found. The rates varied from 37.2 for Charleston, S. C., 32.2 for Savannah, Ga., and 31 for Baltimore, Md., to 15.2 for Coffeyville, Kans., 16.3 for Atchison, Kans., and 21.9 for Pittsburgh, Pa. The low rates of Coffeyville, Atchison, and Pittsburgh are probably due to some extent to the age distribution of the colored population. More typical urban colored populations with low rates, better suited probably for comparison, are those of Washington, D. C., with a death rate of 24.4, and of Roanoke, Va., with a rate of 22.5.

	1913		1912			1913		1912	
	White.	Colored.	White.	Colored.		White.	Colored.	White.	Colored.
Registration area	13.7	21.9	13.5	22.9	Lexington, Ky	20.4	30.2	21.5	30.3
Washington, D. C	14.4	24.4	14.8	26.9	Baltimore, Md	16.2	31.0	16.3	29.2
Mobile, Ala	16.9	25.7	16.7	26.0	Springfield, Ohio	13.4	20.4	12.5	16.8
Savannah, Ga	17.3	32.2	18.4	34.4	Charleston, S. C	15.7	37.2	19.0	41.4
Atchison, Kans	11.2	16.3	11.7	11.8	Norfolk, Va	13.4	29.9	13.9	30.7
Coffeyville, Kans	9.7	15.2	11.6	19.7	Roanoke, Va	13.3	22.5	11.6	21.6
Kansas City, Kans	13.9	25.9	14.2	28.5	Pittsburgh, Pa	16.9	21.9	15.8	18.8

The cities tabulated have been selected to show the variation in colored death rates in cities having colored populations in a measure comparable. If the colored death rates of certain of these cities are examined, it will be found that they have fallen considerably during the last decade. The annual average colored death rate of Mobile, Ala., during the years 1901–1905, inclusive, was 31.2, while that for the year 1912 was 26, and for 1913, 25.7. A similar reduction occurred in Washington, D. C., from 29.5, the annual average for the years 1901–1905, to 24.4, the death rate in 1913. In Jacksonville, Fla., the reduction was from 30.5 to 22.6. Similar reductions were made in Atlanta, Ga., and Louisville, Ky., as well as other cities.

	1913, colored.	Annual average, 1901 to 1905, colored.		1913, colored.	Annual average, 1901 to 1905, colored.
Mobile, Ala	25.7	31.2	Atlanta, Ga	25.2	29.6
Washington, D. C	24.4	29.5	Louisville, Ky	24.8	28.1
Jacksonville, Fla	22.6	30.5			

A study of the colored mortality rates of cities and of the urban and rural populations of States shows that the colored death rate is subject to influences which produce variations and that the rate is by no means fixed.

Comparisons With the Mortality Rates of Foreign Countries.

The colored death rate in the United States was higher than the white death rate in every registration area excepting where there was a difference in age distribution of the population or some other factor to explain a colored death rate lower, or but slightly higher, than the white death rate. From a study of the mortality records for the United States for the year 1913, or for a group of years, one might come to the conclusion that there was in the colored race some peculiar characteristic which caused it to have a death rate higher than that for a white population similarly located. However, a comparison of the colored death rate of the registration area with the death rates of certain foreign countries and cities suggests that color and race are possibly not the most important factors in the production of the relatively high mortality rates of the colored population of the United States. The colored death rate of the registration area of the United States for the year 1912 was 22.9. For the same year the mortality rate of Hungary, with practically no colored population, was 23.3. The mortality rate of Roumania was 22.9, that of Spain was 21.8, and of Austria, 20.5. The colored mortality rate of the registration area of the United States, therefore, compared favorably with that of the white populations of Hungary, Roumania, Spain, and Austria.

If one compares the rates for different periods, the present colored mortality rate of the United States registration area gains by the comparison. The colored death rate of the registration area in 1913 was 21.9. For the period 1881-1885 the average annual mortality rate of Hungary was 33.1, of Roumania 26.2, of European Russia 35.4, of Spain 32.6, and of Austria 30.1. The rural colored death rate of the registration States, 17.7, is approximately half that of Austria, Spain, Russia, and Hungary during the period 1881-1885.

Foreign countries.	1912	Annual average, 1881 to 1885.	Foreign countries.	1912	Annual average, 1881 to 1885.
Hungary	23.3	33.1	Spain	21.8	32.6
Roumania	22.9	26.2	Austria	20.5	30.1
Russia (European)	....	35.4			

The colored death rate for the registration area, 21.9, for the year 1913, compares favorably with that of St. Petersburg, 21.4; Moscow, 25; Budapest, 18.9; and Trieste, 21.8, for the same year. The colored death rate for the registration area, 22.9 for 1912, compares favorably with rates for the same year for Montreal of 20; St. Petersburg, 21.9; Moscow, 24.3; and Trieste, 21.1, all of which have had a marked reduction in mortality rates during the last 30 years.

Foreign cities and countries.	1913	1912	Annual average 1881 to 1885.	Foreign cities and countries.	1913	1912	Annual average 1881 to 1885.
Montreal	....	20.0	31.0	Munich	....	14.7	30.4
St. Petersburg	21.4	21.9	32.9	Budapest	18.9	18.5	31.5
Moscow	25.0	24.3	33.3	Trieste	21.8	21.1	31.1
Breslau	....	18.4	31.3	Venice	....	20.9	29.1

One is likely to feel gratified at the low colored death rates in the registration area of 21.9 in 1913, and of 22.9 in 1912, when these are compared with the mortality rates 20 and 30 years ago for the city of Boston, which averaged 23.5 during the period 1891–1895, and 24.7 for the period 1881–1885, and of New York City, which averaged 23.6 for the period 1888–1897, and 25.3 for the period 1878–1887. There is some satisfaction also when comparison is made with the mortality rates of certain cities having practically no colored populations, such as Hartford, Conn., which had in 1913 a mortality rate of 18.2; Lewiston, Me., a mortality rate of 19.1; Portland, Me., 18.1; Chelsea, Mass., 21.3; Morristown, N. J., 22.2; New Brunswick, N. J., 22.7; and Albany, N. Y., 19.8; and if one uses for comparison the rural colored death rate of the registration States (17.7) one is still more impressed.

	1913	1912		1913	1912
Hartford, Conn	18.2	18.0	New Brunswick, N. J	22.7	20.9
Lewiston, Me	19.1	20.3	Albany, N. Y	19.8	20.1
Portland, Me	18.1	17.9	Lackawanna, N. Y	23.5	24.3
Cumberland, Md. (white)	18.7	17.3	Troy, N. Y	18.1	19.7
Hagerstown, Md. (white)	18.5	18.1	Braddock, Pa	23.2	18.7
Chelsea, Mass	21.3	18.4	Shenandoah, Pa	18.9	20.2
Westfield town, Mass	18.6	19.4	Ashland, Wis	19.3	17.1
Morristown, N. J	22.2	19.4			

The Results Obtained by a White and Colored Classification of Mortality Rates.

In considering the separation of deaths into those of white and colored, one must bear in mind the possibility that in many communities such a separation may amount to a classification according to industrial or economic status, the colored deaths being those in households having the smaller incomes. In this connection one is reminded that investigations into the rate of infant mortality and the relative prevalence of certain diseases, such as tuberculosis, have revealed that the infant mortality rate varied usually with the incomes of the population groups and that the relative prevalence of tuberculosis seemed to be largely determined by the same factor. It may be that if in the average community deaths could be classified according to economic status—that is, according to the family or household income, a difference in the mortality rates would be obtained approximately as great as that resulting from a white and colored classification.

That a classification of deaths on a basis other than that of color may show differences in mortality rates fully as great as those produced by a white and colored classification is well known. An interesting illustration of this is one presented by Dr. Guilfoy (Medical Record of Jan. 25, 1908):

In New York City (the old city) for the year 1906 the death rate among that part of the population of Irish nativity was 29.26 per 1,000, and among the population of Swedish nativity 11.21 per 1,000, while the death rate of native-born Americans was 18.49. Classified according to the nativity of the parents of the decedents, the death rate among persons whose parents were born in Italy was 36.43 per 1,000; of those whose parents were born in Austria-Hungary, 23.4 per 1,000; and of those whose parents were born in Sweden, 10.97 per 1,000; while of those whose parents were born in the United States the rate was 13.98 per 1,000. The death rate of the colored population throughout the whole city (greater New York) was 27.16. These figures indicate that, in so far as crude death rates are concerned, other groups of the population may have, and in New York City did have, higher rates than the colored population.

Conclusion.

In conclusion, it is believed that the comparison of mortality rates previously discussed shows (1) that the colored death rates of most communities of the United States are not discouragingly high; (2) that they are undoubtedly lower than they have been in the past; (3) that they are as low as many white population groups possessed 20 or 30 years ago, and are in fact as low as some white populations possess at the present time; and (4) that with the economic and industrial progress of the colored population its death rate will gradually approach nearer to that of the white population.

PUBLICITY OF FORMULAS OF PACKAGE MEDICINES.

A DISCUSSION OF RECENT LEGISLATION AND THE NATURE OF IMPENDING REQUIREMENTS.

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For nearly 10 years manufacturers of package medicines have been required to state on the label of all preparations sold as drugs the quantity or proportion of any alcohol, morphine, opium, cocaine, heroin, alpha or beta eucaine, chloroform, cannabis indica, chloral hydrate, or acetanilide, or any derivative or preparation of any such substances contained therein.